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Bib Data Sheet

CONFIRMATION NO. 4381

SERIAL NUMBER 10/008,354	FILING OR 371(c) DATE 11/07/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.373US1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/02/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

21186

**TITLE**

Centralized management system for programmable medical devices

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